

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | SMC | | 3/20/00 |
| O.I.P.E. CLASSIFIER | | 43 | 3/23/00 |
| FORMALITY REVIEW | DMK | 67K29 | 5/1/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 12/6/99 |
| 2 | 11/14/00 |
| 3 | 11/14/00 |
| 4 | 11/14/00 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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